



# Act to End Neglected Tropical Diseases | West FY 2024 Work Plan – Ghana October 1, 2023–September 30, 2024

*This work plan is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the sole responsibility of the Act to End NTDs | West Program, led by FHI 360 in partnership with Helen Keller International, Health and Development International, Deloitte, World Vision, and American Leprosy Missions, Inc. under Cooperative Agreement No. 7200AA18CA00011 and do not necessarily reflect the views of USAID or the United States Government.*

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## ACRONYMS

Act   West	Act to End Neglected Tropical Diseases   West Program
ACSM	Advocacy Communication and Social Mobilization
AIM	AIM Initiative (a program of the American Leprosy Mission)
ALB	Albendazole
ALM	American Leprosy Mission
CDC	Centre for Disease Control
CDD	Community Drug Distributor
CDTI	Community-directed Treatment with Ivermectin
CES	Coverage Evaluation Survey
CHIM	Centre for Health Information Management
CHMCs	Community Health Management Committee
CHPS	Community-based Health Planning and Services
CMS	Central Medical Stores
CSIR	Council for Scientific and Industrial Research
DDPH	Deputy Director of Public Health
DHIMS2	District health information management system 2
DHMT	District health management team
DIP	Direct Inspection Protocol
DSA	Disease specific assessment
DRM	Domestic Resource Mobilization
EC	Expert Committee
EPHP	Elimination as a Public Health Problem
FAA	Fixed amount award
FY	Fiscal year
GCNIH	Ghana Coalition of NGOs in Health
GES	Ghana Education Service
GHS	Ghana Health Service
GHILMIS	Ghana Integrated Logistics Management Information System
GOEC	Ghana Onchocerciasis Expert Committee
GoG	Government of Ghana
HAT	Human Africa Trypanosomiasis
HCW	Health care worker
HD	Health district
HMIS	Health management information system
HPD	Health Promotion Division
HQ	Headquarters
HSS	Health system strengthening
ICCC	Intra-Country Coordinating Committee
IEC	Information education and communication
IPH	Institutional Public Health
IVM	Ivermectin
LF	Lymphatic filariasis
M&E	Monitoring and evaluation
MDA	Mass drug administration
MMDP	Morbidity Management and Disability Prevention

NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
NMC	Nurses & Midwifery Council
NTDs	Neglected Tropical Diseases
NTDP	Neglected Tropical Diseases Program
OTS	Onchocerciasis Technical Advisory Sub-group
OV	onchocerciasis
PC	Preventive chemotherapy
PC-NTDS	Preventive Chemotherapy Neglected Tropical Diseases
PHC	Primary health care
PPE	Personal protective equipment
PPME	Policy Planning, Monitoring and Evaluation
Pre-TAS	Pre-transmission assessment survey
PVS	Post validation surveillance
RDHS	Regional Directors of the Health Service
REMO	Rapid Epidemiological Mapping for OV
RHMT	Regional Health Management Team
RMS	Regional Medical Stores
SAC	School-age children
SAEs	Severe adverse effects
SAT	Surgical Assessment Tool
SBCC	Social Behavior Change Communication
SCH	Schistosomiasis
SCM	Supply chain mainstreaming
SCT	Supervisor's Coverage Tool
SHEP	School Health Education Program
SOP	Standard operating procedure
SSDM	Stores, supplies, and drugs management
STG	Standard Treatment Guideline
STH	Soil transmitted helminthiasis
TA	Technical assistance
TAS	Transmission assessment survey
TOR	Terms of reference
TOT	Training of trainers
TZ	Transmission Zone
USAID	United States Agency for International Development
WASH	Water Sanitation and Hygiene
WHO	World Health Organization
WV	World Vision

## NARRATIVE

### NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

The Republic of Ghana is situated on the southern coast of West Africa, with an estimated projected population of 34,740,000 in 2024, according to the Ghana Statistical Service (2021 Census). Ghana shares borders with Togo to the east, Côte d'Ivoire to the west, and Burkina Faso to the north. The administrative capital is Accra. There are currently 16 regions divided into 261 health districts (HDs). Neglected Tropical Diseases (NTDs) that are endemic in Ghana include lymphatic filariasis (LF), onchocerciasis (OV), schistosomiasis (SCH), soil-transmitted helminthiasis (STH), buruli ulcer, leprosy, yaws, leishmaniasis, scabies and rabies. Four NTDs—LF, SCH, STH, and OV—employ preventive chemotherapy (PC) using mass drug administration (MDA) as the key control strategy and are managed by the Neglected Tropical Diseases Program (NTDP) of the Public Health Division (PHD) of the Ghana Health Service (GHS). The NTDP has an advisory body, Ghana's Intra-Country Coordinating Committee (ICCC) hosted and chaired by the Ministry of Health (MoH). In addition, there are disease-specific expert committees for OV and SCH/STH that provide technical support to the program. Ghana has an NTD ambassador who collaborates with the NTDP and ICCC to conduct high-level advocacy engagement with policy makers and opinion leaders at national and regional levels.

In May 2018, Ghana was the first sub-Saharan African country to receive World Health Organization (WHO) validation for eliminating trachoma as a public health problem (EPHP). The country is currently in the post-validation surveillance (PVS) phase for trachoma. During the celebration of the World NTD Day 2023, the WHO Director General announced the elimination of HAT in Ghana.

The Ghana NTDP presently targets LF and SCH for elimination as a public health problem (EPHP) and OV for interruption of transmission by 2030, while the goal for STH is morbidity control. LF is endemic in 12 of the 16 regions in the country. MDA using ivermectin (IVM) and albendazole (ALB) started in 2001 with five HDs and gradually scaled up to all 114 endemic HDs by 2006. The remaining four regions of Volta, Oti, Ahafo, and Ashanti are considered non-endemic for LF. Significant progress has been made towards LF elimination, with a total 109 of 114 endemic HDs having stopped treatment as at FY 2023 after passing transmission assessment survey (TAS1) and achieving the threshold for stopping MDA. In 2022, the NTDP conducted LF confirmatory mapping in 38 HDs, whereby two new HDs were found to be endemic bringing the current number of HDs in need of treatment to seven.

OV control in Ghana began in 1976 with vector control strategy until the community-directed treatment with Ivermectin (CDTI) strategy was introduced by the African Program for Onchocerciasis Control (APOC) in 1997. In 2009, Ghana conducted OV remapping using the rapid epidemiological mapping for OV (REMO) method. These results indicated that of the 216 HDs in Ghana (the number of HDs prior to the FY 2020 redistricting), 29 were hyperendemic (nodule prevalence  $\geq 40\%$ ); 15 were mesoendemic (nodule prevalence 20%–39%); 91 were hypoendemic (nodule prevalence  $< 20\%$ ); and the remaining 81 HDs were non-endemic. The NTDP then conducted annual and bi-annual OV MDA in mesoendemic and hyperendemic communities, respectively. MDA was also continued in hypoendemic communities that conducted MDA prior to the REMO. The MDA implementation unit for OV was changed from community level to subdistrict level in 2016 in preparation for an OV elimination program. This means that all eligible persons in a subdistrict are treated if at least one community in the subdistrict is endemic and receiving treatment. In 2022, Stop OV assessment survey was conducted in two transmission zones. Samples were collected for serological tests against the WHO 0.1% OV16 prevalence threshold. The NTDP is awaiting the results. The National Onchocerciasis Elimination Committee (GOEC) facilitated a

study to assess feasibility of 2% serological threshold for stopping OV MDA in different transmission zones, funded by CDC and COR-NTD. The NTDP is awaiting the results from this study.

In 2007–2008, the NTDP conducted baseline mapping for SCH/STH in 170 HDs and used geospatial analysis to extrapolate and predict endemicity for all 261 HDs in the country at the time. The mapping was funded by USAID. SCH endemic HDs were classified as follows: 38 HDs as low risk ( $>0$  and  $<10\%$ ), Category C; 165 as moderate risk ( $\geq 10\%$  and  $<50\%$ ), Category B; and 57 as high risk ( $\geq 50\%$ ), Category A. Only 16 HDs were classified as moderate risk ( $\geq 20\%$  -  $49.9\%$ ) for STH endemicity. The NTDP then conducted a nationwide SCH/STH impact assessment in 2015. Results of the impact assessment indicated a significant improvement in SCH and STH endemicity in Ghana. The NTDP control strategy for SCH uses praziquantel (PZQ) for MDA among all school-age children (SAC) aged 5–14 years, where low-risk HDs are treated every three years, moderate risk treated every two years, and high-risk treated annually. Out-of-school SAC are reached through community-based MDA. In addition, in HDs where baseline SCH endemicity was above 50%, both school-based MDA targeting SAC and community-based MDA targeting adults ( $\geq 15$  years) are conducted, as recommended by WHO. In 2022 an impact assessment was conducted in 74 subdistricts in nine HDs with support from USAID Act | West program. The results showed that all the sub-districts had an average prevalence of less than 30%. District prevalence ranged between 0.6 % and 10.6% and subdistrict prevalence was between 0.0% and 29%. Based on results of this survey, HDs were re-classified as follows: 45 HDs at low-risk ( $\geq 1$  and  $<10\%$  prevalence), 167 HDs at moderate-risk ( $\geq 10$  and  $<50\%$ ), and 49 HDs at high-risk ( $\geq 50\%$ ).

The NTDP treats SAC for STH with ALB as part of the integrated school-based SCH/STH MDA. The country did not conduct STH treatment in 2022 and will not treat for STH in 2023 because there is not enough data to support treatment needs, as a significant number of districts still require surveying and the majority that were assessed at baseline were less than 20%. The NTDP will use the data available to identify HDs that require STH MDA and request albendazole for treatment in FY 2024. In FY 2023, the country will begin subdistrict level SCH treatment where data is available.

Health system strengthening for sustaining NTD programming has seen major strides recently, with support from Act | West program and Sightsavers. Revisions to management of key NTD morbidities reflecting current global guidelines have been proposed and submitted to the Ghana Standard Treatment Guideline (STG) review committee for consideration. The NTDP has also had engagements with the National Health Insurance Authority (NHIA) on revision of package of services for NTD morbidity and appropriate provider reimbursement thresholds to reflect the chronic nature of some NTD morbidity cases. The NTDP held series of engagement with the Policy, Planning, Monitoring and Evaluation (PPME) and the Family Health Divisions of the GHS on integrating NTDs into primary health care, especially community health worker home visits register. An NTD/WASH indicator toolkit has also been developed to guide NTD and WASH integration, with support from Sightsavers. Finally, in May 2023, the MoH held a bilateral negotiation with USAID on the implementation of NTD sustainability plans to facilitate the integration of NTD services into national health care delivery system. This has been deemed a priority area for higher-level government policies, planning and budgeting considerations, and health sector performance monitoring frameworks.

The five key intervention strategies employed in the country for elimination and control of the PC-NTDs include 1) annual, biannual, or biennial MDA; 2) Morbidity Management and Disability Prevention (MMDP); 3) vector control; 4) health education and Social Behavior Change Communication (SBCC) to improve adherence to treatment; and 5) disease specific assessments (DSA) to determine the impact of treatment on infection prevalence and transmission. PC-NTD activities are integrated as much as

possible to maximize available resources. All these strategies have health system strengthening as a bedrock.

Ghana's interventions for elimination and control of the five PC-NTDs have received funding from the United States Agency for International Development (USAID) since 2006. Other partners supporting the NTDP are Sightsavers for OV MDA (through 2023 only), MMDP, DSAs and NTD/WASH data integration; World Vision (WV) in collaboration with Merck for training of health staff on SCH case detection and management and infection prevention and control in health care facilities and communities; Volta River Authority (VRA) supporting SCH/STH MDA and impact assessment in endemic communities along the bank of the Volta River; and the American Leprosy Mission (ALM) for MMDP. The WHO country office in Ghana provides technical support and ad hoc targeted funding for MDA and DSAs as well as serving as consignee for NTDP logistics including donated medicines, equipment, and supplies for DSA. The MoH/GHS pays salaries of NTDP staff and provides office space for the program, storage space for NTDP medicines, and other logistics in the central medical store (CMS) and the regional medical stores (RMS).

The Ministry of Education (MoE)/Ghana Education Service (GES) and its School Health Education Program (GES-SHEP) continues to collaborate with the NTDP and partners to mobilize teachers, students, and parent-teacher associations during school-based SCH/STH MDA and DSAs. Act | West partners in Ghana include FHI 360 as lead implementer with technical assistance from partners including Deloitte, WV, and ALM.

## IR1 PLANNED ACTIVITIES: LF, TRA, OV

### *Lymphatic Filariasis*

#### **Proposed FY 2024 activities**

**LF MDA in two HDs .** MDA will be conducted in two HDs, Nkoranza South and Wenchi municipals, as part of the integrated LF/OV MDA in FY 2024. The five remaining hotspot HDs (Ellembelle, Sunyani West, Bole, Sawla Tuna Kalba, and Lawra) are due for pre-TAS in December 2023. However, if any of the HDs fail the pre-TAS, a budget will be submitted to the Act | West program to conduct MDA in the HDs using contingency funds.

**Pre-TAS and TAS1 in Five HDs. TAS2 in Three HDs** In FY 2024, five HDs will conduct re-pre-TAS after December 2023 (Bole, Ellembelle, Lawra, Sunyani West, and Sawla-Tuna Kalba) following a second round of MDA in June 2023. A TAS1 will also be conducted in the five HDs in March 2024 following successful re-pre-TAS. TAS2 will be conducted in three HDs.

**Provide technical assistance to the NTDP to conduct lymphedema management capacity building training for health workers in remaining three regions .** Act | West will leverage the leadership of the ICC and public health director to engage the appropriate stakeholders to make the MMDP online curriculum an accredited continuous learning course. In-service capacity building for MMDP is both prioritized in the sustainability plan (SP) and was an outcome of the SP bilateral negotiation.

Training will be led by the NTD Program and implemented through a cascade capacity building approach using the MMDP training package and established tools. A comprehensive training report will be compiled at the end of the training. Training will include:

- One-day training of trainers for the management of lymphedema at three regional levels.
- One-day training meeting for health workers at 29 district levels.

- One-day training for health workers, CDDs and family support on lymphedema management and self-care at subdistrict level. Two ALM staff will participate and support sub-district level training.

**Provide technical assistance to the NTDP to collaborate with the NHIA unit responsible for training patient groups on their entitlements/benefits under Universal Health Coverage (UHC).** ALM and the NTDP recently completed a national health insurance scheme (NHIS) assessment to understand and document the services available for LF patients in Ghana. One key recommendation that emerged from this activity was to ensure that people affected by LF understand their entitlements under the NHIS benefit package. Without access to necessary treatments, patients suffer from pain and disability, social exclusion, and stigmatization.

Therefore, ALM plans to support the NTDP to implement a set of activities to educate patients on their rights and empower them to advocate for themselves and for their community.

ALM will provide technical assistance to the NTDP to form 12 LF regional patient advocacy groups. Activities include:

- A one-day meeting between the NTDP, NHIA, ALM, WV, and FHI 360 to micro-plan the training.
- Development of advocacy training materials.
- Workshop to develop an advocacy communication tool (brochure) for community health workers to showcase what NHIS offers in lymphedema management and care.
- Engagement of a graphic designer to help design the brochure after the content has been created.
- Two-day training for each of the 12 regional LF patient advocacy groups. Each group will consist of representatives as follows: NTDP (two), ALM (two), Regional Coordination Council (one), LF patients (one male and one female), social welfare (one), civil society (one), health workers (two), NHIA (one), and one representative from STAR-Ghana Foundation (a patient advocacy health organization). A comprehensive training report will be compiled at the end of the training with a video of the advocacy activity.

**Dissemination of results from Ghana MMDP Data Validation at the regional level.** The Ghana

In FY 2024, Act | West will support the NTDP to disseminate the results of the LF MMDP data validation survey conducted in four districts of the Upper West region in 2022. ALM will support the NTDP by drafting presentations and a summary of findings in preparation for the dissemination meetings. ALM will also attend the dissemination meeting to contribute to the discussion on the findings.

The following sub-activities will be implemented to achieve this goal under Act | West:

- Drafting of presentations and a summary of findings.
- One-day dissemination meeting in the Upper West Region. Three NTD staff will attend the meeting to present the findings. A total of 44 participants from the 11 districts will attend the dissemination meeting: four representatives (district director, clinician, NTDs disease focal person, & public health nurse) from each of the 11 districts and four representatives from the regional health directorate.
- Compilation and sharing of a comprehensive meeting report on the dissemination.

### *Trachoma*

In May 2018, WHO validated elimination of trachoma as a public health problem in Ghana. WHO, through the country representative in Ghana, officially presented the certificate of validation to Ghana's Minister of Health at a ceremony in Accra on August 7, 2018.



In the absence of current guidance from WHO on appropriate methods for conducting PVS, Ghana has conducted several PVS studies and subsequently launched a passive surveillance strategy. In brief, a cascade training was conducted, with ophthalmologists training 10 ophthalmic nurses who in turn trained selected frontline health workers in all facilities in the endemic districts to identify trachoma cases (trachomatous inflammation-follicular (TF) and trachomatous trichiasis (TT)) and refer for management. The ophthalmic nurses trained 1,851 health workers in 903 health facilities, along with Disease Control Officers from previously trachoma endemic HDs. The ophthalmic nurses follow up with reported cases and notify the NTDP if any cases are suspected. However, no standardized protocol to report such cases exists, and a response strategy is not clearly defined. The NTDP receives the data through the District Health Information Management System 2 (DHIMS2), which contains eight indicators for trachoma: TF, TT, TT surgeries, and trachoma, all disaggregated by sex. Given that it has been five years since the training took place, the NTDP wishes to undertake a survey among healthcare workers in FY 2024. The GHS has an Integrated Disease Surveillance and Response (IDSR) strategic plan that serves as a guide to all disease surveillance, and the findings and recommendations from the survey will be incorporated into the IDSR strategic plan for enhanced PVS for Trachoma. The SP has clearly identified PVS to be integrated into the existing IDSR. Based on an initial review of a selection of DHIMS data reported between 2017–2021, the survey is likely to cover the following:

- Health worker understanding of the DHIMS indicator definitions: There are separate TT, TT surgery, and TF indicators, but there is also a “trachoma” indicator. In reviewing the data, the “trachoma” indicator is used approximately two to three times more frequently than the other indicators combined. It is important that the NTDP understand what is being reported as “trachoma” vs. the other indicators.
- Health worker retention: What proportion of trained health workers are still in trachoma endemic areas? In looking at a selection of the DHIMS data (in 10 HDs), a total of 304 cases (any indicator) were reported over the five-year period in review, with one HDs (Tamale) reporting 233 of these cases. No cases were reported in two HDs (Nanton and Sissala West). As both active trachoma and TT are likely to be extremely rare across all areas, these differences in reported cases might be due to whether health workers in each district are trained to identify clinical signs, rather than specific disease (TF and TT).
- What is the current level of understanding of trachoma by health workers in terms of when they should screen patients for trachoma and report findings through DHIMS?

Prior to finalizing the survey protocol, FHI 360 will engage in discussions with the NTDP to determine other questions that will help to understand the data they are receiving through DHIMS. There will also be a review of training and educational materials used during the cascade training and evaluation of the available DHIMS data. Findings from this survey will enable the program to better understand the data and determine what changes may be needed for it to serve its purpose for PVS while awaiting further guidance from WHO.

### *Onchocerciasis*

#### **Proposed FY 2024 Activities**

**OV MDA in 72 HDs (Round 1 & 2)** In FY 2024, two rounds of OV MDA will be conducted in 72 HDs between October and December 2023 and April and June 2024 for rounds one and two, respectively. The Act | West program will provide both financial and technical support for the MDA. Contingency

plans for MDA will be carried out in HDs that fail the Stop MDA assessment (based on the WHO 0.1% threshold) in the 72 HDs.

OV MDA includes the following activities National MDA launch, Training of CDDs and Supervisors, Media engagement for MDA, MDA drug delivery, Supervision for OV MDA in 72 HDs, Community self-monitoring, Post MDA review meeting (regional and national).

**Pre-Stop MDA Survey in Tano Ankobra and Black Volta TZs in 47 HDs.** The 2017 OV impact assessment showed a serology prevalence of 0–38% in Black Volta and 0–33.3% in Tano Ankobra. Since then, HDs in these two TZs have received eight rounds of MDA, with coverage above 80%, and will have a biannual MDA in 2023. The GEOC has recommended a pre-stop survey to be done at these TZs. Sites will be selected based on the distribution of vector breeding sites, however, as many of the known sites are no longer in existence due to some environmental activities such as illegal mining. The NTDP will conduct breeding sites prospection before the pre-Stop survey. Tano Ankobra TZ has 28 endemic HDs, while Black volta has 16 endemic HDs.

#### ***Entomological activities***

NTDP will conduct entomological survey in the above TZs prior to the pre-Stop MDA survey.

- **Breeding site survey:** Field visits to identify breeding sites and prospective new sites.
- **Blackfly collection:** Positive results from breeding sites surveys will result in the establishment of blackfly catching sites. Trained vector collectors will collect blackflies from each of the established catching sites over a three-month period. At the end of each month, blackflies will be sent to the National Public Health Reference lab for further analysis. HDs and community members will be involved. A team of entomologist and entomological technicians from the GHS and CSIR headquarters will be supported by district and community members to conduct this activity.

**Stop MDA Survey in White Volta Kulpawn, Oti-Daka, and Pru-Afram TZs in 31 HDs (FHI 360).** In 2023, Stop OV MDA will be conducted in the White Volta Kulpawn, Oti-Daka and Pru-Afram TZs. Two of the TZs (White Volta Kulpawn and Pru-Afram) assessments are being funded by the Act | West program. The Oti-Daka assessment will be financed by the NTDP. The collection of stop MDA samples in all TZs will be dependent on the distribution of breeding sites. Pre-stop surveys have been scheduled in October 2023 to allow the NTDP to evaluate and assess breeding sites, with funding from the Act | West program.

- **White Volta Kulpawn:** This TZ has 26 HDs, and it covers an area of about 40,929 km.<sup>2</sup> Of the 26 HDs, the CDC led a stop MDA survey in four HDs, leaving 22 HDs of which 10 HDs are OV endemic.
- **Oti-Daka:** This transmission zone has nine endemic HDs across an area of about 15,963 km.
- **Pru-Afram:** This transmission zone has 19 HDs of which 12 are endemic and covers a land area of about 28,942 km.

#### **PROPOSED FY 2024 ACTIVITIES: IR1 CROSS CUTTING ACTIVITIES**

##### **Training, Implementation and Dissemination exercise on Data Quality Assessment .**

In FY 2024, the NTDP will conduct a DQA in four HDs on OV and LF integrated MDA to validate data management systems in place as well as HD MDA data submitted at the national level. A dissemination meeting will be held after completion of the DQA to assess the recommendations.

##### **Regional NTD Data Verification Peer Reviews.**

In FY 2024, the NTDP seeks to initiate regional NTD data peer reviews in six regions. Regional health information officers, NTD focal persons and a regional pharmacist will constitute a regional team. The purpose of this exercise is to encourage peer learning across regions for an overarching improvement in

regional NTD programming. The NTDP will collaborate with the PPME/CHIM to develop a standardized reporting format to support the exercise. Results will be shared and discussed during MDA trainings or review meetings.

**Re-registration and Updating Community MDA Registers in 50 HDs.** In FY 2024, the NTDP will conduct re-registration of communities and update community MDA registers by CDDs. This will enable the NTDP to obtain more accurate population denominator information for the MDA. The support is requested to train CDDs and supervisors in addition to printing additional registers in 50 HDs.

**Pilot MDA Electronic Data Collection Using the Lymph Application.** Since 2019, the NTDP has used the “Lymph Application” to collect data during its pre-TAS in HDs under assessment. Regional NTD Focal points and Regional Health Information Officers have requested that the NTDP examine the feasibility of using an electronic data collection (EDC) application during MDA to help improve the quality, completeness, and timeliness of MDA data to the regional and national levels.

The Lymph app has a module for capturing MDA data. The NTDP proposes to pilot the e-data collection module in three HDs (LF+OV in two HDs and OV only in one HD) during the LF/OV integrated MDA in FY 2024. The data platform will be updated with inherent quality control measures to minimize errors and easy usage at the CDD level. To facilitate this pilot in three HDs, the NTDP requests support to procure 100 Samsung tablets to complement what is available in HDs from other programs to run the Lymph app during MDA. An offline version of the Lymph app can be downloaded and synched daily after work. Selected CDDs will be trained to use the application while subdistricts provide supportive supervision on the use of the app during MDA. Data collected by the NTDP will include data on persons who have never been treated.

**Development of Training Curriculum Materials and Job Aids on NTDs .** The GHS has established a GHS learning institute, an online platform to promote virtual training on all relevant subjects or courses for building capacity of health care providers to provide excellent services. The Act | West program in the past has supported the NTDP to review training curriculum for nurses and midwives. These modules will be converted into e-versions for uploading on the GHS platform. The program through the ICCC will engage the MoH and GHS human resources on ways to assign Continuous Professional Development accreditation to these NTD courses. Closely linked to this, the NTDP requests technical support from the Act | West program to develop facilitated e-versions of job aids on NTD case management for Lymphedema and Schistosomiasis to be loaded on the GHS learning platform. In addition, technical and financial support is requested for the development, printing and distribution of job aids for CDDs in NTD endemic HDs.

**LF Dossier Status.** Ghana’s LF dossier is expected to be submitted for validation after 2030 due to two HDs found to be endemic in confirmatory mapping conducted in 2022. However, to secure LF data and information since inception of the LF program in 2000, the country will develop a first draft of the LF dossier which will be updated annually. In September 2023, the NTDP, with support from the Act | West program, conducted a dossier development orientation workshop, during which the program reviewed all the requirements for developing the dossier for both the narrative and data. As a next step, the NTDP agreed to develop the draft narrative as well as collate and input all available data onto the data template within the next year. In FY 2024, the NTDP, with Act | West support, will organize two workshops to review and make inputs to the draft dossier developed by the consultant.

## IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

### IMPROVING CORE NTD PROGRAM FUNCTIONS

#### Data Security and Management

**Strengthen Data Security at National and Sub National Levels.** The NTDP has MDA, morbidity, and MMDP data stored on the GHS data reporting portal. LF pre-TAS data is captured onto a cloud-based server, downloaded, and stored on individual laptops that are password protected at the program level. The GHS NTDP has also developed its own electronic data collection tool using KOBO collect for collecting LF TAS data, which is a big step in safeguarding NTD DSA data.

The NTDP, with Act | West support, reviewed the GHS SOP on Health Information Management with the ICT, CHIM, and data protection units of the GHS and selected regional NTD focal and health information persons in FY 2023. This document (GSH SOP) contains some critical data security considerations that are to be followed by all programs of the GHS. The main objective of the review was to discuss how NTD data could be safeguarded within the framework prescribed in the Ghana Health Services SOP. This highlighted the current state of NTD data security policies and practices in Ghana. Prior to the meeting, Act | West worked with the NTDP to collect, review, and analyze current data security policies in Ghana and provided short- and long-term recommendations for action by the NTDP. The recommendations included aligning current data security policies to global best practices and to inform upcoming GHS revisions to national health data security policies. The entire process and recommendations have been documented and the SOP is in the final stage. When completed, health staff especially NTD data managers, will be trained on this data security document to ensure data security within the GHS.

In FY 2024, the NTDP with support from Act | West will support the GHS data security and protection unit to disseminate the data security SOPs in selected regions.

**Integrate DSA data into DHIS2.** The NTDP, with support from the Act | West program in 2020, integrated NTD morbidity cases into the DHIS2. In FY 2023, with Act | West support, the NTD data integration processes into HMIS and key recommendations were documented to strengthen data integration. The next phase is integrating DSA data into DHIS2. The NTDP has held initial engagements with CHIM to assess the data collection tools. In August 2023, the program together with CHIM will hold a bootcamp to develop the DSA interface on DHIS2 with support from Act | West.

#### Drug Management

##### **Background**

All NTDP commodities are stored at the medical store and district pharmacy. These commodities are transported through last mile delivery system (LMDS). Since the inception of the LMDS, the NTDP has not encountered any challenges with drugs reaching districts for distribution for MDA. The NTDP will continue to engage regional and districts focal points to complete requisition in the Ghana Integrated Logistics Management Information System (GHILMIS) to ensure timely delivery of MDA drugs. The MoH has a tax exemption facility in place which facilitates the clearance of drugs for MDA. Prior to FY 2022, WHO was responsible for transporting drugs from the airport to the CMS warehouse. In FY 2022, the MoH/GHS took over the responsibility of ensuring that drugs are transported from the airport to the CMS for further distribution to the sub-national level using the LMDS.

Based on bilateral negotiation discussions, USAID funding will not be requested for drug management activities. All FY 2024 drug management activities are LOE-based activities and do not include a budget.

### **FY 2024 Activities**

#### **TA for supply chain mainstreaming scope clarification and priority identification .**

In FY 2024, the Act | West Supply Chain Specialist and the HSS Regional Advisor will conduct a week-long visit to provide TA for fact finding and surveying the prerequisites consisting of i) effective SOPs and practices for each component of SC; and ii) assessing that the NTDP can effectively estimate and communicate drug and health commodity inventory data, delivery volume, frequency, and costs, to identify potential savings via mainstreaming interventions. The TA visit will help to prepare for the final Phase 2 activities and to clarify solutions to be implemented in Phase 3 that will feed into the mainstreaming implementation plan. Phase 2 will consist of the following:

- Engaging with the GHS-HQ Logistics Unit (Logistic Working Groups) to gain understanding of these stakeholders' supply chain activities, roles, and responsibilities.
- Identifying the NTDP and Logistic Working Groups' modalities for sharing data forecasting and quantification and indicating what success will look like for the NTDP or sharing data via a report at an established cadence.
- Identifying the steps, key stakeholders and roles to successfully integrate supply chain processes (e.g., reverse logistics) into the Last Mile Delivery System (LMDS).
- Discussing the feasible options and modalities to integrate priority NTD drugs (to be defined) into the national medicines drug budget.

**Drug Quantification and Forecasting:** In FY 2024, the Act | West program will continue to engage the NTDP to be copied on JAP submissions to WHO, so that Act | West can prompt the NTDP on issues that require responses, support the NTDP to gather all needed information to respond to questions, and raise queries in a timely fashion.

#### **Inventory monitoring, reporting and planning for expiring medicine use, transfer or destruction**

The Act | West program in FY 2024 will promote the use of NTDeliver website. Act | West will facilitate and support a working meeting to train the NTDP to use NTDeliver to enhance expiry alarm and NTDP's reporting on used and expired drugs. The NTDP does not currently have capacity in using NTDeliver to monitor and report on drugs that are used and expired. In addition, the Act | West program will work with the NTDP to strengthen its engagement with the stores, supplies, and drugs management (SSDM), especially on forecasting and preparation for JAP applications.

**Submission of complete drug donation applications.** The NTDP will submit its JAP 10-12 months before MDA for the following year. The program validates at-risk projected populations for all endemic UIs to be used in the JAP application. Expertise of the regional and district teams is solicited prior to completing the application documents. The Act | West program in FY 2024 will continue to provide TA to the NTDP to validate the population data needed for the JAP application and continuously follow up with the NTDP to prepare timely responses to WHO on missing JAP elements.

**Reverse logistics.** District teams facilitate the process of getting leftover drugs to district pharmacy or the regional medical stores. All opened bottles are kept at the district pharmacy, and unopened bottles are sent to the RMS to assess whether seals are still intact and to make a decision on reusability of the drugs in the next MDA. Depending on the outcome of the drug assessment, the left-over drugs may be

added to stock or sent for destruction and documentation at the district pharmacy. The central and the regional medical stores use the GHILMIS for inventory and reconciliation. The bin cards are used at the district and sub-district levels. The challenges include late or non-submission of unused drugs to the RMS, storage of leftover opened bottles with the NTDP focal point rather than at the facility, and incomplete records on leftover drugs. The Act | West program in FY 2024 will support the NTDP to engage all key supply chain management stakeholders of the GHS to discuss more robust and effective ways of ensuring this mechanism is followed through and monitored at the sub national level.

**Engagement meetings with SSDM and CMS on NTD drug management.** NTD drugs are received at the CMS from the port when they arrive in country and are distributed to RMS. The drug-related information is managed by using the GHILMIS. In FY 2023, Act | West supported the NTDP to strengthen monitoring of drug inventory and adherence to drug management guidelines by engaging the CMS to train regions during the national integrated OV/LF ToT. Another key challenge to supply chain management is the lack of dedicated, trained personnel within the NTDP to ensure accurate planning and stock management. The SSDM directorate of the GHS is well equipped to manage the GHILMIS, but mostly will rely on information requested by different programs to generate tailor-made information such as stock levels, expiry dates etc. The Act | West program will support the NTDP with the capacity to constantly engage the SSDM for good stock management.

In addition, the NTDP seeks the support of the USAID Act | West program in FY 2024 to organize technical consultation meetings with the SSDM. The goal is to leverage the SSDM and CMS and other key supply chain partner platforms within GHS supply chain systems to address challenges and strengthen NTD drug management practices at all levels including sub-national levels and especially to improve reverse logistics and post MDA inventory reconciliation. Consultation meetings will also seek to engage with the SSDM and CMS to discuss mechanisms for strengthening access to accurate and timely SC data on all NTDs. The NTDP will require the technical support of the SSDM to conduct periodic monitoring of NTD drugs inventory at the sub national levels.

**Support the NTDP to implement the WHO Supply Chain SOPs and/or SOP training modules** The NTDP is yet to conduct a comprehensive training on the WHO supply chain SOPs. The Act | West program in FY 2024 will support the NTDP to conduct training on the WHO supply chain SOPs and conduct supportive supervision after rolling out. These trainings will be aligned to ongoing MDA trainings from National to subdistrict level as well as other supply chain trainings the GHS will periodically conduct for staff.

**Strengthen prevention, monitoring and management of Adverse Events (AEs) and Serious Adverse Events (SAEs):** The Act | West program in FY 2024 will continue to provide technical assistance and support to the NTDP to ensure that AEs and SAEs encountered are reported, investigated, and documented using the existing reporting templates. The country team will strengthen monitoring on AEs and SAEs during supervision of MDA.

#### ACHIEVING SUSTAINABILITY: MAINSTREAMING & HEALTH SYSTEMS STRENGTHENING

Ghana is currently in Phase 4 of the USAID five-phase sustainability framework with the political validation of the sustainability plan completed in FY 2022 by key stakeholders from health, education, water, sanitation and hygiene, and other sectors. In May 2023, the MoH and USAID held a bilateral negotiation to achieve consensus on the implementation of the sustainability plan to facilitate the integration of NTD services into national health care delivery system.

In FY 2023, Act | West supported the NTDP and ICCC to advocate for the integration of NTD services into the minimum benefits package of the National Health Insurance Authority (NHIA). The NTDP and ICCC led sensitization meetings, a comprehensive desk review to inform proposed revisions to the NHIS, and a costing analysis of NTD services and drugs based on Ghana's STG and national medicines list. The costing and coverage analysis highlighted the gaps in the STG and Ghana tariffs. In Q3 of FY 2023, the NTDP, ICCC, and NHIA met to prioritize and develop proposals for revisions to the NHIA benefits package. In FY 2024, Act | West will provide technical assistance to the NTDP and ICCC to implement and monitor sustainability plan activities.

### *Opportunities and Challenges*

Mainstreaming and integrating NTDs into Ghana's PHC system serves as a viable and sustainable approach towards leveraging on existing national systems and ensuring NTD sustainability beyond the duration of the Act | West program. Ghana's robust multisectoral coordination mechanisms such as the ICCC and the SCH/STH Expert Committee present strong opportunities for enhanced country ownership and sustained NTD programming. A key identified challenge relates to intensifying domestic resource mobilization efforts for sustainability of NTD programs in Ghana.

### *Governance Activities*

#### **Support the NTDP to develop a process for routine NTD financial analysis.**

In FY 2023, Act | West adapted the financial analysis activity to support the NTDP to conduct a situational analysis of the NTDP and GHS financial processes to identify opportunities for renewed use of TIPAC and/or integration and optimization of available GHS resources to support routine financial analyses by the NTDP.

Building on findings from the FY 2023 financial situational analysis, in FY 2024, Act | West will provide technical assistance to the NTDP, ICCC, and additional stakeholders to define and document a process for routine financial analyses utilizing GHS and NTDP tools and data sources. During a three-day working session, Act | West will provide technical assistance to the NTDP to define financial analysis objectives and goals, identify key stakeholders to facilitate and participate in routine financial analyses, review data sources and tools within the GHS structure that can inform financial gaps analysis for NTDs (PC, non PC NTDs), outline steps of the financial analysis process, determine appropriate timelines for each step, define roles and responsibilities of relevant stakeholders, and establish a plan to communicate and implement the process. The working session will be an opportunity to review current government priorities and identify how to optimize GHS financial analyses resources, processes, and procedures. The purpose of this activity is to 1) strengthen NTDP capacity to independently conduct routine financial analyses, 2) identify synergies with the GHS to support routine NTD financial analysis, and 3) equip the NTDP with updated process to review and leverage financial data in decision-making, funding prioritization, and budget advocacy and DRM efforts with key stakeholders.

#### **Technical assistance to strengthen the capacity of the ICCC and NTDP to define key success metrics and monitoring process to measure successful implementation of the Sustainability Plan.**

In FY 2024, Act | West will provide technical assistance to the NTDP, ICCC, and national NTD stakeholders to define key success metrics and develop a framework to monitor progress and outcomes in activity and milestone completion. Throughout this process, Act | West will play a facilitator role, and the ICCC will lead. The support will mainly focus on facilitating the consultations between the national stakeholders while leveraging the technical capacity of the GHS PPME and the thematic expertise of the various members of the ICCC to develop the key success metrics to monitor successful monitoring of the

sustainability plan. The PPME has strong capacity in developing M&E frameworks and matrices for policy implementation, and the technical role of the PPME is critical to complement the thematic knowledge of the ICCC member to define country specific indicators that align with the country sustainability plan.

**Support to the ICCC in operationalizing linkages with sub-national health structures.** In FY 2024, Act | West will support the ICCC to hold strategic engagements with GHS leadership toward strengthening at the sub-national level.

Act | West will provide technical support to the ICCC and NTDP to hold two one-day high-level engagements with the GHS leadership aimed at initiating ICCC functionality at the sub-national level through existing health mechanisms. These sessions would serve as building blocks for harmonized functions of the ICCC through existing sub-national GHS mechanisms.

**Support to the NTDP and ICCC and key stakeholders to finalize processes towards the integration of NTD services in the National Health Insurance Scheme (NHIS) benefits package.** In FY 2024, Act | West will continue providing technical support to the NTDP and ICCC to pursue inclusion of NTDs into the NHIS package of benefits through the implementation of the following processes:

- **Support the NTDP and ICCC sessions with the STG committee to include NTD protocols in the Standard Treatment Guidelines.** In FY 2024, following submission of the draft NTD protocols (the 12 endemic NTDs, i.e. preventive chemotherapy and case management NTDs including Lymphatic Filariasis, Schistosomiasis, Buruli Ulcer and Leprosy) to the STG committee for initial review, Act | West will support the NTDP and ICCC to hold further technical engagement sessions to review feedback from the STG committee toward finalization and validation of the 2023 STGs.
- **Support the NTDP and ICCC to hold technical sessions with National Health Insurance Authority (NHIA) on integration of NTDs in NHIS benefits package.** In FY 2024, a series of follow-up technical meetings will be held between the NTDP, ICCC, and NHIA to discuss prioritized NTD services within the NHIS benefits package. The NTDP will leverage these sessions to further advocate for services targeting MMDP. The objective is to facilitate the complete inclusion of prioritized NTD services in the NHIS benefits package for improved coverage.

**Support to the NTDP and ICCC to evaluate the mainstreaming of NTDs in PHC Structures – Community-based Health Planning and Services (CHPS) and facility levels.** Act | West is supporting the NTDP to mainstream NTD services into Ghana’s health systems through two main channels, i.e., at the CHPS level and facility level. Within each mainstreaming channel, key entry points and tools (home visit register and Institutional Public Health [IPH] guidelines) have been identified to enable these processes. In FY 2023, WV supported the NTDP and ICCC to revise a key data collection tool (home visit register) used by health workers at the community level to include NTDs. The revised tool has been piloted in selected HDs, and results will feed into advocacy toward scale-up by the GHS.

Following the pilot in FY 2023, a session to gain better perspectives on the pilot outcomes will be critical. In FY 2024, learning outcomes gleaned from the pilot will be discussed at the sub-national level. Act | West will provide technical and financial support to the NTDP to hold a learning/evaluation session to review feedback from piloting toward GHS validation for planned scale-up at the PHC level. Relevant learnings and findings emerging from the pilot at the PHC level will be consolidated for validation by stakeholders and for advocacy toward mainstreaming scale-up.



### Three-day facilitated leadership capacity and team-building workshop.

In FY 2024, the Act | West program will conduct a three-day facilitated leadership and team building workshop for the program managers of the NTDP, the leaders of ICCC as well as the Act | West in-country leadership. The three day-workshop is expected to strengthen leadership capacity and further strengthen engagement at the highest level between the NTDP, leadership of GHS, and ICCC. The Act | West program will contract the services of the Ghana Institute of Management and Public Administration (GIMPA)—government’s recognized entity for leadership training for Ministries, Departments and Agencies (MMDA)—to facilitate this workshop.

### Prioritized Functions

**Support to the NTDP, NTD Ambassador, and ICCC to hold regional advocacy sessions toward NTD sustainability and local-level ownership .** In 2022 and 2023, Act | West provided technical support to the NTD Ambassador (Rev. Dr. Joyce Aryee), ICCC, and the NTDP to hold a maiden regional townhall advocacy meeting in the Western Region of Ghana, which was primarily aimed at mobilizing support for NTD activities at the sub-national level with the goal of mainstreaming NTDs into the routine health system to ensure sustainability in elimination and control of NTDs.

Following the maiden sub-national level advocacy event, the NTD ambassador in FY 2024 will replicate sub-national level advocacy engagement in another endemic region, aimed at strengthening local ownership of NTD interventions. WV will support this process with the following sub-activities:

### IR3 PLANNED ACTIVITIES: SCH, STH

#### **Proposed FY 2024 Activities**

##### *Schistosomiasis*

**SCH/STH MDA in 153 HDs.** In FY 2024, Act | West will support the SCH/STH treatment and supervision in 153 HDs, including community-based MDA in 49 HDs and school-based MDA (SAC only) in 104 HDs.

**SCH/STH Impact Survey in 27 HDs.** In FY 2024, a SCH/STH impact assessment survey is proposed in 27 HDs (134 sub-districts) across two regions (see Table 1 below) that have conducted at least five effective (>75% coverage) rounds of MDA by the end of FY 2023. The results will provide information to enable the NTDP to move to sub-district MDA in these areas and evaluate the impact of MDA, with the potential to scale down treatment frequency. The survey is planned in July 2024.

##### *Soil-transmitted helminths*

National baseline mapping for SCH/STH was conducted in 2007–2008 (described above). STH was found to be endemic in 261 HDs and classified as follows: 257 HDs at low-risk ( $\geq 1$  and  $< 20\%$  prevalence); four HDs at moderate-risk ( $\geq 20$  and  $< 50\%$ ); and no HDs at high-risk ( $\geq 50\%$ ). STH MDA with ALB started in 2010, targeting SAC. Treatment for STH has been integrated with SCH MDA (see IR1 LF).

In 2015, a SCH/STH impact assessment was conducted in 113 HDs with support from USAID through the End in Africa project. STH prevalence was re-classified as follows: 256 HDs at low-risk ( $\geq 1$  and  $< 10\%$  prevalence); five HDs at moderate-risk ( $\geq 10$  and  $< 50\%$ ), and no HDs at high-risk ( $\geq 50\%$ ). In 2022, a second impact assessment was carried out in nine HDs where all HDs had previously been classified as low risk. The survey results showed that all districts remained below 5% prevalence. Ghana has not

changed its treatment strategy, but since 2022 the country has been unable to treat STH as WHO has not issued ALB, based to the lack of data demonstrating a need in the country. It is worth noting that there is a huge data gap on the number of (sub)districts with STH prevalence data and the SCH/STH impact assessments will be rolled out to continue to fill this data gap. In FY 2024, Ghana will not treat STH due to the reason given above.

**Proposed FY 2024 activities: GOEC meetings** In FY 2024, Act | West will fund the NTDP to support the GOEC to hold two meetings of two days each. The meetings will be a platform to discuss Stop OV MDA activities, issues rising from OV elimination activities, urgent challenges that require the input of the committee. These meetings may involve either local members or/and international members of the committee per the agenda set by the committee.

**Proposed FY 2024 activities: Cross-border meetings**

Ghana shares borders with Togo to the east, Côte d'Ivoire to the west, and Burkina Faso to the north and northwest. Along these common borders are adjoining HDs with high OV and/or LF endemicity with persistent infection (i.e., hot spots). Although the countries share endemic HDs, the cross-border meeting will focus on adjoining HDs with persistent infections and will take place in those HDs. Ghana and Togo have eight adjoining districts, whereas Côte d'Ivoire for oncho and Ghana have five adjoining districts. Ghana will host the Ghana/Cote D'Ivoire meeting in a selected district in Western region. Togo will host the cross-border meeting with adjoining HDs in Togo to share population and migration information, facilitate collaboration between endemic cross-border HDs, and plan synchronized LF/OV MDA in target border HDs.

**Proposed FY 2024 activities: Follow-on meeting with College of Health for NTDs integration into curriculum** In FY 2023, the NTDP initiated a series of engagements with leadership of the College of Health to integrate NTDs into the training curriculum. These engagements advocated for inclusion of NTDs during a curriculum review to enhance pre-service training on NTDs. In FY 24, the NTDP will hold further engagements with the College to review learning materials on NTDs identified as beneficial to the program to be uploaded into the GHS learning institute.

**Proposed FY 2024 activities: World NTD Day Commemoration.**

In FY 2024, Act | West will support the NTDP to commemorate World NTD Day to intensify education and advocacy for NTDs with week-long activities, culminating in media engagement on the official day. Activities will include community education and sensitization, case search in an endemic district, media engagement (TV/radio talk shows; press releases), press releases and key messages from NTD stakeholders (i.e., NTD ambassador, ICC, partners etc.) to highlight and solicit support and country ownership to attain WHO elimination and sustained control targets for NTDs. Activities will be commemorated at a selected region (TBC). Act | West, together with other NTD partners including the GoG, will fund the World NTD Day celebration activities. Key messages on NTDs expected to reach a large cross-section of country's population from all the forums used. The Act | West program will work with the NTDP to ensure that the printing and production of all World NTD Day materials (e.g., banners, t-shirts) comply with USAID branding policies.

**PROPOSED FY 2024 ACTIVITIES: GENDER, EQUITY, AND SOCIAL INCLUSION (GESI)**

In FY 2023, the Act | West program supported the NTDP to conduct an assessment on the performance of male and female CDDs in three OV/LF endemic HDs to generate evidence-based data on whether there are disparities between male and female CDD performance. The assessment revealed no

statistically significant difference between male and female CDD performances and highlighted key challenges CDDs face during MDA that impact performance. Based on the assessment, the following planned FY 2023 activities are reprogrammed to FY 2024, beginning with an activity to share results with the GHS and advocate for support in incorporating GESI into NTD programming.

**Publication of assessment on CDD performance focusing on sex-related differences.** In FY 2023, the Act | West program, in collaboration with the NTDP, conducted an assessment on CDD performance focusing on performance of male CDDs vis-à-vis female CDDs in three HDs. The assessment aimed at generating further data to support a study on gender equity and social inclusion in MDA in 2019. A recommendation was made by the NTDP and other regional NTD focal persons to undertake an assessment to determine the performance of CDDs focusing on gender and further using results to advocate for gender equality in selection of CDDs for MDA. The assessment has been completed and results analyzed. In FY 2024, the Act | West program will publish the CDD assessment report.

**Refresher training for GHS/NTDP team on GESI and how to cascade GESI-related approaches to district and community level NTD actors.** The NTDP has not effectively incorporated gender or gender-related elements into most program activities, including MDAs. The GESI analysis conducted in 2019 revealed gaps in the GHS NTD team's understanding of gender-related issues regarding NTD programming. This is especially important because of their responsibility to cascade information to the district and community levels. The 2023 CDD assessment further highlights the importance of cascading gender equity and social inclusion to the sub-national levels. To address these gaps, in FY 2022, Act | West developed two GESI training PowerPoint slide decks and conducted a national-level training for GHS during the MDA TOT.

In FY 2024, Act | West, with support from FHI 360's GESI Advisor, will conduct an advocacy and refresher training of trainers with the GHS team, which will include discussing the CDD assessment and GESI goals. This will happen before MDA ToT to ensure key strategies in enhancing GESI in MDA programming are integrated. The GHS team will be expected to cascade the GESI training to the sub-national levels through a session integrated into existing MDA trainings.

**Improving national messaging and information about NTDs and MDAs, especially to men and pregnant and breastfeeding women .** Act | West will work closely with the NTD Ambassador for Ghana and FHI 360's Accelerating Social and Behavior Change (ASBC) project, in collaboration with the GHS Health Promotion Division, on 1) the importance of increasing the number of female CDDs in Ghana, 2) messaging and information about NTDs and MDAs, especially to men and pregnant and breastfeeding women, and 3) guidance for CDDs on how MDAs can better reach people with disabilities. Act | West will work with the NTD Ambassador to develop key pointers to support the Ambassador's engagement and will also organize social media events with the NTD Ambassador and ASBC project using Twitter, Facebook, and other platforms to highlight key aspects of MDAs and NTDs focusing on gender equality and social inclusion for NTDs programming.

**Review and development of job aids/flip charts for CDDs .** CDDs identified a lack of job aids during MDA as one major challenge to their continuous learning. Under End in Africa, CDD flip charts were developed to support CDD work. In FY 2024, the Act | West program will review the existing materials, determine the information and messages needed and update the CDD flip charts to enhance CDD work at the community level with support from FHI 360's ASBC project and the GHS Health Promotion Division.